

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10347
2. Name of Operator: CONTINENTAL RESOURCES INC
3. Address: PO BOX 269000
City: OKLAHOMA CITY State: OK Zip: 73126
4. Contact Name: Zach Green
Phone: (405) 234-9688
Fax:

5. API Number 05-123-36703-00
6. County: WELD
7. Well Name: Buchner
Well Number: 2-2H
8. Location: QtrQtr: NWSW Section: 2 Township: 7N Range: 60W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/08/2013 End Date: 05/11/2013 Date of First Production this formation: 05/24/2013
Perforations Top: 6680 Bottom: 11192 No. Holes: 576 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: [X]
This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 70211 Max pressure during treatment (psi): 7767
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: Min frac gradient (psi/ft): 0.79
Total acid used in treatment (bbl): 0 Number of staged intervals: 17
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 10038
Fresh water used in treatment (bbl): 69942 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3466242 Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2013 Hours: 24 Bbl oil: 416 Mcf Gas: 867 Bbl H2O: 513
Calculated 24 hour rate: Bbl oil: 416 Mcf Gas: 867 Bbl H2O: 513 GOR: 2084
Test Method: Gas Lift Casing PSI: 980 Tubing PSI: 260 Choke Size: 64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1582 API Gravity Oil: 36
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6308 Tbg setting date: 05/14/2013 Packer Depth: 6308

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Zach Green

Title: Compliance Specialist Date: _____ Email Zach.Green@clr.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)